Approved for use through 7/31/2006, OAB 0651-0032 of Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperson I	NT APPLICAT	ION FE	E DETER	RMINATION	J F	ediacion of info RECORD	rmation unter	Acceptant	Or Doctel Min	mber G
Substitute for Form PTO-875								_#7	700	767
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR	MUMBERF		MUNSE	REXTRA	[RATE	FEE		RATE	FEE
ASIC FEE	·						S	OR		<u>s</u>
OTAL CLAMS 17 CFR 1.18(c))	min	ws 20 =	•			× 5 •		CIR	x \$=	
DEPENDENT CLAMS) CFR 1,16(0))						x \$		OR	x 5, , =	
MULTIPLE DEPENDENT CLAIM PRESENT Q7 DFR 1.16(4)						+3		OR	+5,	
" If the difference in column 1 is less than zoro, enter 'U' in column 2.						TOTAL		OR.	TOTAL	
CLAIMS AS AMENDED - PART II										
1-27-05 (Column 1) (Column 2) (Column 3)					•	SMALL I	NTITY	OR	OTHER SMALL	
4	CLAIMS REMAINING AFTER AMENDMENT	PE	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI: TIONAL FEE
Total		steurs "	~	. /	1	x 5	./	OR	x \$=)
Z Independent	NO.	27	1	\cdot		X 5=		OR	x 8•	
FERST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4)))						+5	V	OR_	+5	
					•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	1
9-52-15	(Catumn 1)		(Column Z)	(Coturen 3)		., .		_		/
	CLAINS		HIGHEST	PRESENT	1	RATE	ADD1]	RATE	ADDI-
	REMAINING AFTER		NUMBER REVIOUSLY	EXTRA			"TENAL"	· ·		TIONAL
Z.	AMENDMENT		PAID FOR .	-			FEE	ł . ·	·	FEE/.
Total Discrimination Independent Independent	01	inus -	65		ľ	X 8		Ø R	X 3	_/_
Z independent	2 "	inis" "	4	/	ŀ	# S ·	<i>/</i>	OR-	# \$ <u></u> *-	<i>/</i>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLASS (37 OFF).16(0))						1	1	OR	+5	
131						ADD' FEE	<u></u>	OR	ADD'E FEE	L
RCS	_(Cotumn 1)		(Column 2)	(Calumn 3)						
03//	CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE	ADD+		RATE	ADDI- TIONAL
5/9/n	AFTER AMENDMENT		REVIOUSLY PAID FOR	EXTRA			TIONAL	1		FEE
E profit		Gous :	105	. 0	١	xs		OR	x 5 •	
MA SPORT SPORT SPORT		Gnus	u	. ()		2.3_/-		OR	x \$*	
FIRST PRESENTA	k;		OR	+ 5						
				· · ·		TOTAL ADDL FEE		OR	TOTAL. ADO'L FEE	·
** Without Windows M	lumn 1 is less than th lumber Previously Pa umber Previously Pa	in For D	I TRUS SPACE	M MOSS UNAN ZV.	. En	ica "29"." v "3".		_		•

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Condensistly is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathstripe, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete, the form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Palect and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Nazandria, VA 22315-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.